

**Fax to Central Office Employee Relations Section (919-715-0991)  
PROPOSED DISMISSALS, DEMOTIONS AND DISCIPLINARY SUSPENSIONS  
or notify by telephone (919-733-2660). Do not E-Mail.**

Date of Call: \_\_\_\_\_ Person Reporting \_\_\_\_\_

Division/Facility/School: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M ☐ F ☐ Known Disabilities: \_\_\_\_\_

Accommodations (date/type): \_\_\_\_\_

Work Unit: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Position/Classification: \_\_\_\_\_

Salary Grade: \_\_\_\_\_

Most recent EOD: \_\_\_\_\_

Permanent: Yes ☐ No ☐

Prior Disciplinary Actions(s) – Type and Date

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Proposed Action and Effective Date: \_\_\_\_\_

Reason(s) for Proposed Action: \_\_\_\_\_

Date of Pre-Disciplinary Conference: \_\_\_\_\_

Date of Local ER Specialist Review (where applicable): \_\_\_\_\_

Date of Local HR Review: \_\_\_\_\_

Local HR Recommendation (explain basis): \_\_\_\_\_

**Following Pre-Disciplinary Conference but Prior to Finalizing Action, Fax Disciplinary Document Draft to Central ER for Review and Input**

**For Central Office ER use only**

**Information received by:** \_\_\_\_\_

**Disposition:** \_\_\_\_\_